

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Blue Engine Message &amp; Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 01 / 2016</b>
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount <b>9526.30</b>
City Washington	State DC	Zip Code 20036-4010
Purpose of Expenditure Canvassing Services for 4/1-4/7	Category/ Type <b>004</b>	Transaction ID : <b>VQZT2A7ATC9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 07 / 2016</b>
Name of Federal Candidate CHRIS VAN HOLLEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought <b>92484.67</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>H&amp;W Printing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 07 / 2016</b>
Mailing Address 3616 Oak Ln		Amount <b>1507.34</b>
City Mount Rainier	State MD	Zip Code 20712-2128
Purpose of Expenditure Printing	Category/ Type <b>004</b>	Transaction ID : <b>VQZT2A79VR8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 05 / 2016</b>
Name of Federal Candidate CHRIS VAN HOLLEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought <b>92484.67</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>11033.64</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 08 / 2016**

Signature